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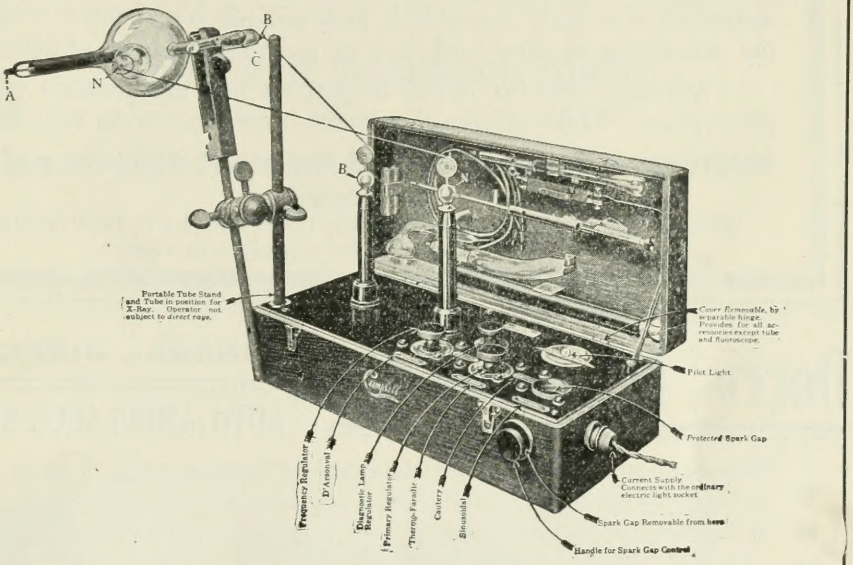

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NASHVILLE JOURNAL
—OF—
MEDICINE AND SURGERY

CHARLES S. BRIGGS, A. M., M. D., Editor

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Original Communications

TREATMENT OF EXTENSIVE OEDEMA IN CHRONIC NEPHRITIS.*

(Translated from *Journal de Medicine et de Chirurgie Practique*, December, 1913.)

By W. T. BRIGGS, M.D., Nashville, Tenn.

It is not unusual, in hospital as in private practice, to meet with patients who, having suffered for a long time with chronic nephritis of uræmic type and dropsical manifestations, present all the clinical symptoms of asystolic patients of cardiac origin with which they have for a long time been confused, for there is present a marked hypertension, a dilated heart which, after having developed a bruit, has gradually weakened and with intermissions, give signs of mitral valve lesion. The right side of the heart in its turn becomes dilated, and there is then manifested the symptoms of asytole with general œdema.

What is the best treatment of this œdema? It is, according to Prof. Castaigne, by the method of puncture of Sonthey as demonstrated in a recent lecture at the Beanjon Hospital. When cases of asystole of renal origin complicated with extensive œde-

*Clinical lecture, by Dr. C. Castaigne, service of Prof. Debove.

ma is met with it is the custom to exhibit in their treatment the orthodox routine, that is to say, absolute rest in bed, exclusive milk diet, drastic purgation and then digitalis. Now these patients are not only asystolic but they have almost impermeable kidneys, as is easily shown by the employment of methylene blue and the treatment that is employed in these cases forces an abrupt entrance into the circulation of at least four or five kilos of a liquid, and a liquid of a very particular chemical composition, for it is essentially saline, as has been shown by Widal. This liquid is also extremely toxic, the result of the absorption of toxic substances, which the kidneys being unable to eliminate become fixed in the tissues as an isotonic liquid, that is to say, salt.

Then in forcing all this saline and toxic matter into the circulation, the patient is poisoned, as shown in a series of cases cited by Castaigne. The first asystolic patient treated at the hospital with digitalis and the customary regime, showed subsidence of the œdema and an increase of urinary secretion, but almost immediately afterward high delirium supervened and death ensued in spite of a double phlebotomy and lumbar puncture.

These well marked accidents are relatively rarely met with, but analogous cases are very often seen following this treatment. The second case indeed concerns a uræmic nephritic who had for a long time suffered from an œdema and hyposytolic condition.

In such instance the classical treatment brought about absorption of the œdema, but the patient was almost at once seized with the Cheyne-Stokes type of respiration and wild delirium. It may be claimed that these symptoms were produced by the medicine and not by the absorption of their secretions. Proof to the contrary is easily obtained as was done in a case on hand in which the method of Huchard was employed, which consists in the application of an elastic bandage to both inferior extremities from the toes upward without giving any medicine at all. The patient absorbed his œdema and was at once taken with Cheyne-Stokes respiration and delirium, showing that the fluids alone were the cause of these accidents.

These facts have been noted for a long time among others by Andeal, Louis, Monod, etc. More recently, at the medical socieety

of hospitals, Merklen and Jean Heitz have reported a great number of cases as also a Russian author.

We have a right, in the presence of similar cases, of drawing the conclusion that the ideal treatment of patients so affected, is puncture, a process for a long time recognized but to which recourse was had, at least in the medical service of hospitals, only in cases almost moribund when medicines are no longer of avail. The explanation of the hesitation in resorting to puncture was that it was thought to produce a lesion of the skin which gave entrance to infection due either to the staphylococcus or to the streptococcus. The reluctance is reasonable when resort is had to scarification or to points of application of actual cautery covered with a thick layer of cotton wool, but if the punctures are made with small drains, a method which has been adopted and practiced by the English physician, Southey, all these complications may be avoided.

Canulated platinum tubes of the size of a large needle are used To these are adjusted, when inserted into the tissues, small rubber tubes which are carried into a vessel by the side of the bed. The patients, according to their tolerance, can keep these tubes in place for 24, 36 or 48 hours. After removal a simple antiseptic dressing is applied to the small wounds. This method demonstrated its great value in a third observation which was recorded. The patient was a man of 58 years who for a long time had been affected with chronic nephritis complicated with all the usual symptoms that occur in slight uræmic poison for the relief of which he had been subjected to venesection. Having failed to follow out closely the regime prescribed for him he reëntered the hospital in a state of hyposystole. Liquid diet, drastic purgation, and digitalis caused him to lose 8 to 10 kilos in several days, but every time he was submitted to this treatment he was affected with somnolence, with mild delirium, difficult breathing, etc., so much so that his condition became worse from week to week.

Then M. Castaigne applied to him the method of Southey and the following was the result. At first ten tubes were inserted in each inferior extremity, which were maintained in place 48 hours. During this time there was discharged ten litres of fluid without

bringing about any of the usual accidents. The tubes were left out for 8 days following, but from this time without giving him any medicine the patient passed from 1000 to 1200 cubic centimetres of urine, whereas before, under the use of the bromine, the patient passed only from three to four.

For ten days the patient did not increase in weight, however, before the results were reached the Southey tubes were replaced and there was obtained in 48 hours 8 litres of liquid. The œdema had completely disappeared.

For two months the patient who before had continually been under the influence of medicine for the relief of the asystolic symptoms, and had continually marked œdema, now had no longer any œdema, not even the slightest, although he had taken no medicine.

How can the different results of these two methods be determined? First, because it had not been determined that toxic accidents happened as the result of abruptly introducing into the circulation of a toxic and saline liquid. Second, in reducing considerably the mechanical resistance in the peripheral circulation which is produced by the œdema itself. This loss of resistance with the patient is very interesting to demonstrate by investigating the arterial tension which shows after puncture a decided lowering of the tension. With the last patient, for example, there was obtained by other treatment only a minimum reduction in the tension of 17. Now, immediately after puncture, it came down to 12, which is proof positive that cardiac action had become less embarrassed. These punctures then act in a two-fold manner in relieving the patient of toxemia and in improving cardiac action.

It is right, then, to conclude that with old chronic cases of nephritis uræmigenous and dropsical to the phase of asystole, introducing into the circulation of toxic liquids which are held in the tissues should be guarded against lest grave accidents, often mortal accidents, are called into action.

That one should be extremely careful in the employment of the classical method of treating the conditions in these cases.

That, on the contrary, the mechanical evacuation of these liquids

prevents toxic accidents and relieves at this stage of the disease the action of the heart by removing the peripheral resistance in the circulation so that the necessity for the exhibition of medicine is removed.

SYNOPSIS OF THE ADDRESS DELIVERED BY DR. HANS KARFUNKEL, OF BERLIN, AT THE GERMAN MEDICAL SOCIETY NEW YORK, N. Y.

Dr. Karfunkel, of Berlin, Germany, read a paper on about 600 cases of all forms of tuberculosis, which he treated with living virulent bacilli of a heretofore unknown species. The bacilli grow on glycerine agar and glycerine bouillons.

The organisms form spores in 2 to 3 days. In latter cultures only spores are found.

The bacilli are not acid fast, and have no relation whatever to the tubercle bacillus.

Injection of the bacilli in animals produce only temperature reactions. For the injections, he uses a solution of the bacilli in normal salt solution. He injects about 0.02—3.0 cc. intramuscularly in the gluteal region. The succeeding injections consist of the bacilli together with a filtrate of the glycerine bouillon culture.

In some cases he injected also tuberculine.

He has developed a definite method of the treatment of cases from the reaction, the favorable and unfavorable effects obtained by him in many thousand injections.

The method consists of giving several combinations of the bacilli with its filtrate.

These combinations he has arranged in the form of a table.

The dosage depends on the severity of the lesion. The more extensive the lesion, the smaller the dose.

The intervals between injections depends upon the effect obtained by the preceeding injection and also by the reaction itself.

The cases which he treated were of two kinds; (a) pulmonary tuberculosis; (b) surgical tuberculosis.

The cases of pulmonary tuberculosis he classifies in three groups: mild, moderately severe and severe cases.

In the mild cases he is able to cure 100 per cent of the cases.

Of the moderately severe cases he gets complete improvement in 40 per cent of the cases, and a marked effect in 60 per cent of the cases.

In severe cases a complete improvement in 30 per cent.

The length of treatment is usually about 38 days to 10 months.

In the majority of the cases, the results were permanent during the time they were observed.

Surgical cases, such as tuberculous sinuses, tuberculous epididymitis, tuberculous dactylitis, healed after two or three injections of the bacilli alone, very marked effects were obtained by subcutaneous injections in lupus and other forms of tuberculosis of the skin.

There are two kinds of reactions which follow the injections: Focal reactions, consisting of changes in the lesions, and general reactions, consisting of headache, temperature and malaise.

In no cases were there any abscesses or infiltrations.

These subjective symptoms are the first to disappear.

Hemophthysis disappears promptly after the injections.

The objective symptoms soon disappear after repeated injections.

In many cases, however, one injection is sufficient.

From seriological investigations, complement fixation tests and blood examinations he assumes the probable mode of action to be due to the formation of a fat splitting ferment by the bacilli and by the lymphocytes, which they greatly increase. This fat splitting ferment destroys the fatty capsule of the tubercle bacilli and allows it to be destroyed by the antibodies of the blood and helps to immunize the body against the tubercle bacillus and lessen the tuberculin sensibility. The filtrate is given with the succeeding injections of the bacilli, to combine with the antibodies against the bacilli, which were formed by the first injection.

A copy of the original article can be had from the author and the remedy is now being tested by a number of prominent physicians. It will be given to the profession as soon as the author's results have been corroborated.

Proceedings of Societies

TRANSACTIONS OF THE CLINICAL SOCIETY OF THE NEW YORK POST-GRADUATE MEDICAL SCHOOL AND HOSPITAL.

(Stated Meeting, October 17, 1913, the President, R. H. Halsey, M.D., in the Chair.)

"The Treatment of Tubercular Joints with Thiocol-Glycerine: A New Method."*—By Jacob Heckmann, M.D., Instructor in Surgery in the New York Post-Graduate Medical School and Hospital.

Besides the constitutional treatment, which must be considered in all forms of tuberculosis, there are three main different types of local treatment of tubercular joints in vogue. Each method has its strong advocates and is more or less preferred by the physician in charge according to his special training and inclination.

The conservative orthopedist is inclined to use immobilization, fixation and extension only. The conservative surgeon adds to this regime early aspiration and the different injection methods; the more radical general or orthopedic surgeon prefers a more or less radical excision early or later in the course of the disease.

Formerly, when we believed that by a radical operation upon a tubercular area would save our patient from a general infection, this latter method seemed partially justifiable. But now we know that the mortality with the radical excision of the tubercular hip-joint, for instance, varies, even in the hands of good surgeons between 15 and 50 per cent; we know 10 per cent alone die from miliary tuberculosis as a direct result of the operation; we know a large percentage of those that recover will have a shortening of

*Read before the Clinical Society of the New York Post-Graduate Medical School and Hospital, October 17, 1913.

the leg up to three or four inches, increasing in later life, sometimes up to six inches.

We know that while tubercular arthritis *per se* is very little apt to lead to bony ankylosis, the radical method of excision results in a large percentage of cases in pure ankylosis or in a loose fibrous union with a worse functional result.

In view of these facts—and they are facts—we can without hesitation state, that the radical excision for tubercular joint-disease is certainly not an ideal method of treatment and ought to be performed only as a last resort. With our present knowledge of the subject, the X-rays as a means to early diagnosis, the education of the public, a joint tuberculosis should not be permitted to reach the state requiring a radical excision.

The conservative or pure orthopedic treatment tends to remove all untoward influences from the sick joint, such as motion and friction, by means of immobilization, fixation, extension with plaster of Paris cast and various ingenious apparatus. This is the main and most important way of treatment, as it is an essential part of the two other methods. There is no doubt that fixation and immobilization properly applied and adherred to will in due time cure far the larger majority of tubecular arthritis.

The treatment as herein outlined has been more of a passive variety, but with the injection-method, we bring in an active element, that actually attacks the tubercular process within the joint or joint-abscess. While all the chemicals used so far can not claim to have a specific action on this process, they cause a subacute local inflammation, which, when often repeated finally tends to cure the tubercular area. At the same time the injected material helps to prevent ankylosis of the joint. It goes without saying that the entire orthopedic regime has to be kept up with these injections; the plaster of Paris cast giving the additional advantage, that its even pressure around the joint accelerates the absorption of the injected material and of the effusion caused by it.

After sixteen years of experience it is my firm conviction that the injection-method combined with the orthopedic shortens considerably the course of treatment and ultimately gives better function of the affected joint.

I want to state here, that none of the fluid-injection-methods ought to be used, wherever there is a fistulous or sinus-communication with the outside. It was just the selection of just such cases, that brought the method in discredit. Of the different chemical combinations used I can omit all as more or less obsolete except two: the iodoform-glycerine and the formalin-glycerin injection.

I have used the iodoform-glycerine injection for about ten years quite frequently and I can state that the method while seemingly forgotten and disliked by a majority, still gives, patiently and properly employed, satisfactory results. There are, however, a few objections to the iodoform. Some patients have an idiosyncrasy toward the iodoform and are liable to suffer from iodoform-eczema or severer symptoms of poisoning; then the iodoform-glycerine-injection brings an insoluble substance onto a sensitive joint, which for mechanical reasons causes considerably more pain than a soluble one. In addition, the disagreeable smell, objectionable to the patient as much as to the physician, helped to cast it into disreptute.

With the formalin-glycerine injection brought out by Murphy of Chicago, I have not had the experience to form a decided opinion, but the name of the inventor guarantees its value, and the reports, especially from France, where the method is widely used, and particularly in the seaside hospitals for surgical tuberculosis, verify the claims of the originator.

Years ago wood-tar creosote was considered a specific for tuberculosis, and though we know this fact to be incorrect, we can not deny that this drug and its derivatives have a beneficient action on tuberculosis. It was this knowledge that made me select thiocol for the injection treatment of tubercular joints, abscesses and tubercular cavities. Thiocol, known chemically as potassium-guaiacol-sulphonate, is a direct derivative from guaiacol and an indirect one from creosote. A colorless and odorless powder, it is this solubility that makes it suitable for our purpose. It is less soluble in glycerine and for that reason it is necessary to add a little more than an even amount of water to get a clear solution with the glycerin. For instance, to make up a 10 per cent solu-

tion, take thiocol grs. xlv, water, oz. 1, and glycerin, drachms 1, and heat it up until the solution is clear. For every injection this solution is heated up again for sterilization and as a part of the water evaporate, a small quantity must be added from time to time. Recently I found that guaicol is readily soluble in glycerin without water and I shall in the future try to use guiacol instead.

"Case of Tubercular Hip Treated by Thiocol - Glycerin Injections."*—By Jacob Heckmann, M.D., Instructor in Surgery in the New York Post-Graduate Medical School Hospital.

Dr. Heckmann presented a case of tubercular arthritis of the left hip in a boy of 4 years old, who came under treatment on November 11, 1912, with a typical history of hip-disease. The preliminary complaints dated back four months, the more acute symptoms had started about six weeks previously; there had been a painless interval of about five weeks.

On examination the muscular atrophy was well developed, muscular spasm pronounced; extension and flexion much restricted, abduction almost absent; at the intergluteal fold an abscess was to be felt about the size of a goose-egg. The X-rays showed the epiphysis of the head of the femur entirely rarified, the joint distended and part of the acetabulum irregular in outline.

The abscess was aspirated and one drachm of thiocol-glycerine 8 per cent injected into the cavity every 10 to 14 days for four times. Immobilization by a short plaster of Paris spica. There was no more aspiration possible before the fourth injection and two weeks later the abscess had entirely disappeared. Five more injections of the same solution were made into the distended joint at intervals of about two weeks; after the fourth treatment he was allowed to walk in his short spica. On March 7, 1913, four months after the beginning of the treatment, four weeks after the last injection, he was sent for an X-ray picture, the plaster of Paris case being removed. Since then he was lost sight of until a few days ago. During all this time he had walked at leisure without limp.

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*Presented before the Clinical Society of the New York Post-Graduate Medical School and Hospital, October 17, 1913.

His general condition was good, the muscular atrophy had gone, flexion and extension in the hip were normal, the abduction slightly restricted. The fact that the patient was able to walk those seven months without limp or pain and without returning of any of the former symptoms, proves the efficiency of the method for this case.

"Indurated ulcer of the Stomach: Resection of Pylorous."*—By E. W. Peterson, M.D., Adjunct Professor of Surgery in the New York Post-Graduate Medical School and Hospital.

History—The patient was an Englishman, 36 years of age. Family history, negative. Previous history, unimportant. He had always lived in good hygienic surroundings. He was temperate in the use of alcohol; smoked excessively until five years ago; now smokes moderately. Always slept well. Inclined to be constipated and took cathartics. Appetite fair until two years ago. On account of frequent travels his diet had to be varied and his meals were taken at irregular hours. Nine years ago he went to South America and at that time he was accustomed to take a light breakfast at 7:30; then took a long ride and had a later breakfast at 11:30—a heavy meal. Sometimes hunger lasted so long as to make final taking of food distressing. Seven o'clock dinner, eaten rapidly and ravenously. Five years ago he was in Hawaii. The diet there was the same as before. Three years ago he was in Cuba, where the cooking and service was poor and irregular. Sometimes the food was so poor that the patient refused to take it and made his meal on cheese and bread.

Present illness began about five years ago, when he noticed a tendency to choke back eructations of a tasteless, colorless liquid in considerable quantity. Two years later had vomiting associated with these symptoms. He had twelve attacks in four or five months. Two years ago these attacks came on about nine to eleven in the morning, accompanied with pain. At times the vomitus was the color of coffee or cocoa; never acid or sour; no

*Abstract of remarks delivered before the Clinical Society of the New York Post-Graduate Medical School and Hospital, October 17, 1913.

numbness. Relief was afforded by taking food. The patient could also get relief by taking soda bicarbonate. He came to the Post-Graduate Hospital and the diagnosis of probable pyloric obstruction was made. The stomach contents showed an excess of hydrochloric acid, but no lactic acid. A radiographic examination was made and the result showed a stomach of the orthotonic type, large in size, outline defective and pylorus placed up and to the left; residue after six hours; no hypermotility; duodenum well filled. Diagnosis: callous ulcer of the pylorus with atony and dilatation of stomach.

The patient was operated upon, a median laparotomy being done. Palpation revealed a large pyloric growth, the size of an egg, with extensive induration of the pyloric end of the stomach, extending into the duodenum; also glands around the lesser and greater curvatures of the stomach, and enlargement of the mesenteric glands in the neighborhood of the jejunum. It was thought to be a case of malignancy and the indurated portion was resected, which included part of the stomach and duodenum. A posterior gastro-enterostomy was then made. The specimen was sent to the laboratory for examination. The pathologic report was as follows:

"Speciment consists of pyloric portion of stomach measuring approximately 10 cm. in length. On opening, a large irregular rather deep ulcer is seen with indurated edges, and presenting a firm, generally smooth base. The ulcer is situated on the lesser curvature some distance proximal to the pylorus. Stomach wall surrounding the ulcer is firm and the omental fat along the lesser curvature is dense and adherent. Microscopic examination from the most indurated portion of the lesion shows a chronic ulcer with destruction of the mucosa and submucosa resulting in the exposure of a necrotic sloughing base, immediately below which the muscle tissue can be seen, showing evidence of fibrosis and chronic inflammatory change. Round-celled infiltration is abundant throughout this part of the specimen. Mucous membrane surrounding the ulcer is congested. In several sections examined no evidence of malignancy can be detected."

The patient had no further vomiting and little abdominal dis-

tress after the operation. He was started in on a liquid diet 24 hours after the operation, and in a few days he was taking fluid and semi-solid diet. His digestion now is perfect and he feels better than for many years.

The interesting points in the case were: (1) The five years of digestive disorder with discomfort and vomiting. (2) The radiographic study of the case, upon which the diagnosis of callous ulcer was made before operation. (3) The finding of a pyloric tumor with enlarged glands in the omentum and mesentery which stimulated malignancy. (4) The reaction of the indurated portion of stomach and duodenum, with posterior gastro-enterostomy. (5) The microscopic examination, which showed only an inflammatory benign condition. (6) The gratifying recovery of the patient.

"Transfixation Treatment of the Shaft of the Femur"; "Dislocation of the Elbow, with Compound Fracture of the Forearm."*—By John J. Moorhead, M.D., Adjunct Professor of Surgery in the New York Post-Graduate Medical School and Hospital.

Dr. Moorhead said that he would like to add another case to those given on the program, viz., a case of fracture of the neck of the femur. The patient was a woman sixty-three years old and last February she had a fracture due to a fall of six feet. The X-ray plates showed a diatrochanteric fracture of the femur. He wished to show this patient for it illustrated what can sometimes happen in these unfavorable cases. The method of treatment employed was brought to the attention of the profession chiefly by Dr. Whitman. It consisted in breaking up any adhesions by flexing the thigh on the abdomen, then rotating the thigh and then using direct traction followed by abduction as far as the opposite limb can be abducted. A plaster of Paris spica is then applied. The patient had a shortening of about an inch and some little limp, but had perfectly free use of the hip-joint.

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*Abstract of remarks delivered before the Clinical Society of the New York Post-Graduate Medical School and Hospital, October 17, 1913.

The other cases consisted of a series of seven fractures of the shaft of the femur in children, the treatment of these beginning last July. His attention was recently called to this extension method, first advocated by Codavilla in 1903. He transfixed the os calcis with a metal pin, and then put on weights and overcame the contraction of the muscles by pulling on this pin. Steinman modified this by transfixing the lower broken fragment. In Dr. Moorhead's cases a steel drill was inserted two and a half inches above the condyle and passed from without in through the centre of the shaft of the femur to the inner side opposite to the place of entrance.

Technic—The patient is anesthetized and a half inch incision made, and the drill passed through the bone and through the soft parts until it impinges on the skin directly opposite where it entered. It is then pushed through the skin, and at either end of the drill a cord is fastened, which meets a spreader; this is fastened to a single cord and then to a pulley and weight. The patient is put back to bed on an inclined plane, made by a pillow or other device, and a weight of about eight pounds is put on the drill. This is increased every other day until it reaches fifteen pounds in ten days or two weeks. After that the weight is allowed to remain stationary. It is kept in that position without removing the drill for three or four weeks, after which the drill is taken out. It is quite loose then and comes out without much hemorrhage, that being due to granulation of the soft parts.

This method had been used in some nine cases altogether. In one particular case Dr. Moorhead directed attention to its value in a fracture of the femur in a child. A cake of ice fell on the child causing the fracture. A picture showed the lateral view at the end of ten days' extension-treatment with this drill method. Other views showed fractures in various locations, some having the drill introduced, others not.

Two diagrams were shown illustrating the anatomical location for the passing of the drill. The method is an in-between method —between Buck's extension treatment and other non-operative methods, and the operative methods of the Lane plating type. It has certain disadvantages, like other operative methods, but in

the first place it is not a very serious operation, from the standpoint of the patient and not a difficult one from the standpoint of the surgeon. Dr. Moorhead said that he regarded the operation of plating a fractured femur, as a major operation and thought there were relatively few surgeons who could do a first-class operation on a fractured femur with much overlapping. Another point worthy of mention is the fact that operation is not performed in traumatized territory. In the next place, no foreign body is left in the tissues and it is an operation which can be done in ten minutes—it does not take much paraphernalia. An ordinary Yankee brace and a steel drill is all that is needed, and the work can be done at home. It has these disadvantages: It does not give very great control over lateral displacement, but if the shortening can be overcome and the limb kept straight, a good result will be obtained. It does offer the possibility of introducing infection, but if the operative technique is as it should be there is not much opportunity for infection as by the other operative methods. Another point urged against the method is that it leaves the patient open to an osteoporosis, but that is a theoretical and not a practical difficulty and it does not occur in these series.

The third fracture which Dr. Moorhead reported was a case that came to the Post-Graduate Hospital some three weeks ago —a boy, aged 12, who fell in the gymnasium, and sustained a backward dislocation of the elbow and a compound fracture of both bones of the same forearm. The dislocation was reduced under an anesthetic and an attempt was made to replace the bones without very satisfactory results, by the use of adhesive plaster and a modified Buck's extension. At the end of the week no reduction occurred as was shown in an X-ray photograph. On the eighth day the radius was plated with an ordinary two-screw plate; another small incision was made over the ulna and it was sprung into place and the result was excellent.

"The Surgical and Medical Treatment of Thoracic Aneurism."*—By William C. Lusk, M.D., New York.

Dr. Lusk said that he had found that the surgical treatment of thoracic aneurism must be supplemented by the treatment of the underlying constitutional disease with mercury and salvarsan. After the wiring operation any benefit was sooner or later—from about one to six months—followed by a return of the symptoms unless the treatment of the syphilis was rigidly followed up. Four of the patients shown had been wired in the year 1912, on March 11, May 3, October 1 and December 31, respectively, and all had had recurring symptoms which in the first three cases has been dispelled or very greatly benefited by the use of mercury and salvarsan. One of these patients had been relieved of attacks of strangulation caused by the compression of the trachea, probably by a peri-aneurismal edema, following the use of these drugs. In the fourth wired case neosalvarsan and salvarsan had been given at intervals for some months but with only a few doses of mercury at the same time, to the detriment of the patient, but latterly with stopping the salvarsan and giving an active course in mercury salycilate intramuscularly, improvement had finally come. [Patient died October 31 of rupture of the aneurism.] A fifth patient with a median line aneurism of the aortic arch, not wired, had likewise with repeated doses of neosalvarsan and salvarsan at intervals and very little mercury, done badly, but recently with stopping the salvarsan and giving mercury he had done better. [Died November 19 with aggravation of all his symptoms following exertion.] Dr. Alexander Lambert had given relief to a patient with a similarly situated aneurism by the use of neosalvarsan, but the latter was supplemented with mercury, and the patient regain much activity. Dr. George R. Satterlee has reported "A Case of Thoracic Tumor and Aneurism of the Descending Thoracic Aorta, Treated with Salvarsan." (*New York Medical Journal*, January 13, 1912). He supplemented two small doses

*Abstract of remarks delivered before the Clinical Society of the New York Post-Graduate Medical School and Hospital, October 17, 1913 (by invitation).

of salvarsan with an active course of mercury. The salvarsan should be given in small doses, never more than 0.3 fram. It was probably best that comparatively little salvarsan should be given, but a great deal of mercury. Dr. John A. Fordyce and Dr. E. L. Keyes, Jr., had been consulted about the treatment of the syphilis. Both of them, as well as Dr. Alexander Lambert, had made a point of giving small doses of salvarsan to these cases.

One cardinal principle which Dr. Lusk had laid down in his technic of the Moore-Corradi operation, and he said he believed it was a correct one, was to get as much of the wire as possible into contact with the lining of the aneurismal cavity, which sites of contact would become sites of trauma on the passage of the electrical current. He used a No. 29 wire of gold-platinum-silver-copper alloy, which was resilient. He had found at autopsy on one case in which the introduced wire had, prior to operation, been coiled in loops shaped in an even one-way curve, that at any place where a segment of the wire had been laid down against the intima, all loops of wire laid down subsequently that crossed such segment, were prevented by the latter from coming into contact with the neighboring intima. Consequently after this experience, in order to try and increase the area of contact of the wire with the intima, a portion of the wire had been shaped in undulating curves with the intention that the peripheral convexities of the same would, more or less often, dip down to the intima in the space between the wires already laid down. In using undulated wire care should be taken that that portion of the wire which finally passes into the needle and is left in the needle track at the end of the operation, is straight in shape, since, if undulating, on withdrawal of the needle the curves of the resilient wire would tend to reform in the straight needle track and would cause pressure necrosis. This happened in one case with fatal result.

Photographs were shown of the results of the wiring operation in the aortas of two dogs 10 and 15 days respectively post-operative. The wires in these cases had been undulated so that the crests of the curves alternately touched opposite sides of the aorta. At the sites of contact of the wires, which had been traumatized by the electrical current, the fibrin originally deposited by the

electrolysis was seen to be firmly adherent, binding the wire to the arterial wall and evidently undergoing organization. This lesion produced in the swiftly moving blood stream of a dog's aorta was comparable with what it would be possible to accomplish in an evenly dilated segment of the aortic arch along whose walls the blood must everywhere course with unvarying swiftness.

In the animal experimentation, if the wire were introduced grease-free into the aorta, the conditions seemed to be most favorable for the deposit of the best kind of fibrin, very firm in quality and considerable in amount, consequent upon passing the electric current.

Selected Articles

THE MEDICAL MALPRACTICE SUIT.

By Theodore William Schaefer, M.D., Kansas City, Mo.

The life pursuit of a physician and surgeon is based upon the highest principle of humanitarianism. The true physician's end and aim is the prevention, cure and alleviation of disease. In fulfilling these utilitarian and altruistic requirements he promotes the welfare of mankind. In striving to attain these ideals he performs the functions of a humanitarian and a philanthropist. Much is required of him. He is expected to be a doctor of the mind as well as of the body.

It has always remained an unsolvable paradox to persons of culture and refinement as to why a profession that devotes so much of its time in rendering charitable services to humanity is rewarded with so much ingratitude. Indeed, it is a fact that the physician receives little of this world's goods. Should a doctor have the misfortune to get into legal trouble, ten to one, the fickle and ungrateful public will be arrayed against him. Even his supposed best friends leave him when he needs them most. He is at the mercy and whims of a judge and the prejudice of a jury. A lawyer, in similar plight, stands a far better chance. As you know, he has taken "the immunity bath!" Just look at the attention which newspapers show even the lowest criminal!

The study of the history of medicine and the medical profession unquestionably offers to the layman, from certain points of view, many features of interest. In the first place, it is of interest to know the underlying causes, viewed from the historic as well as the psychological standpoints, that have been ignorantly fostered for ages in perpetuating the grossest prejudices which have always been inimical to physicians. Benefactors have always been treated with ingratitude. This is a deep seated defect in human nature that can not be eradicated.

In studying the origin of this prejudice toward physicians it will be found that most of the nations of antiquity were inimical toward physicians. Satirical remarks about physicians occur even in the Bible. The Roman writers, Cato and Pliny, were antagonistic toward physicians, writing in the sharpest and curtest satire. According to the well-known testimony of Pliny the Romans had originally no physicians, at least none whom we can consider educated. There was among the Romans a semi-original, mythological medicine and traces of theurgic practice. Greek physicians practiced in Rome. The Romans borrowed from the Greeks. Malpractice was not liable to punishment among the Greeks. The ancient Greeks were a superior race intellectually.

There were many proverbial sayings current among the Jews referring to physicians. The reference to physicians in Mark, 5, 26, is not very appreciative (cf. with Luke, 8, 43). Doubtless many of them were, like Job's friends (Job, 13:4), that is, having the same relation to real physicians as that which an insignificant bears to the true God. Men of this kind probably gave rise to the proverb in Kiddushin, 4:14, that "the best physicians was deserving of hell. Another unfavorable reference to physicians occurs in Mark 5:6: "And had suffered many things of many physicians, and spent all she had, and was nothing bettered, but rather grew worse" (cf. with Luke 8:43). Scripture makes no mention of physicians before Joseph. The art of medicine, however, was very ancient in Egypt. The medical knowledge of the biblical peoples was small in amount and crude in character. During biblical times the physician was a priest as well as a healer. In early Egypt the physicians were priests. The Jewish physicians and surgeons possessed a certain amount of traditional and empirical knowledge. In post-biblical times Jewish physicians were famous throughout the East, and the saying of many of these are preserved in the Talmud and other rabinical writings.

The Jews adopted many things from the Assyrians and Babylonians. The ideas of the Sabbath and those of the devil date from the Babylonian captivity of the Jews. Among the Babylonians the physicians were well compensated when the surgical operation was a success; but matters changed when the patient

died, and as a reward for his services the doctor's hand was cut off. After all we have something for which to be thankful. Physicians who are prone to complain about fees being small, and patients failing to pay them, should remember that though some recorded fees in olden times were large, the status of the recipient was hardly as enviable as that of the modern doctor. Dr. Walsh, of New York, has commented recently on a provision of King Hammurabi, of Babylon, B. C. 2250, that "if a physician operated on a man and save a man's life, he shall receive ten sheckels of silver; but if he cause the man's death, they shall cut off his fingers." Perhaps, however, the modern malpractice suit, which has taken the place of the latter penalty, is even more to be dreaded than personal mutilation.

During the time of Cyrus, who was king of Persia (everything has its earlier example), the physicians were occasionally crucified if their treatment was not fortunate in its results. In a similar danger were the ordinary physicians of the Califs and the mediæval kings. European physicians sojourning temporarily in Persia have not been able to improve it much. Dr. J. E. Polak, ordinary physician to the Shah in 1877, before chloroforming a patient for operation, was always compelled to see that his horse was ready saddled, so that in case his patient died under chloroform he might be able to leave the kingdom at once.

Superstition, lack of education, barbarity, etc., make practice even dangerous for inland physicians in Asia Minor and Egypt. A physician by the name of Sayda, who was educated in Egypt, and an apothecary, who also practiced medicine, when the cholera in 1875 swept off their patients, were stoned in biblical style! A remnant of this antagonistic hereditary trait against physicians exists still among nations speaking the Romance languages. During times of great epidemics the Italians, for instance, are likely, in a mad frenzy, to persecute physicians and demolish hospitals.

It is a traditional, favorite belief in popular metaphysics that man, who is considered a very noble object of creation, is divine and the image of God. Of course, man feels himself immensely flattered by this pet belief, but his very actions in life disprove it in the most emphatic manner. The pre-historic excavations of

Europe prove in a most conclusive manner that primitive or aboriginal man was a cannibal. Besides, think of the thousands of murders that are committed and the many terrible crimes and acts of wickedness that are perpetrated by this supposed divine creature. Ten thousand homicidal crimes are committed in the United States each year. This country leads in murders. Think of the thousands whom the law does not touch who choose and pursue criminal careers. In making an anthropo-psychological study of the classes of society that form our body social we find that it is not at all uniform, but a very heterogeneous mass or so-called panmixia. Savage traits are ever dominant in our social body, notwithstanding the higher moral influences of human culture. It is well to bear in mind that man progressed not only in spite of, but because of, what we now consider vices and animal passions. Intense selfishness, brutality and utter disregard for the injury resulting to his fellows, were cardinal virtues in the savage. A low cunning, which we now consider ignoble, prevailed, and morality slowly gained ground. Slowly there arose those noble humanitarian sentiments of love and sympathy which now sway the best of mankind. Yet, strange as it may seem, forbearance and non-resistance are responsible for our present social and political unrest, because the unscrupulousness, immorality and brutality, hereditary and proper to the prehistoric cave man, are equally transmitted to his descendants of today. In the dim vista of the remote past, intense selfishness and the ability to plunder or defend, were the salvation of the family; to be timid or considerate of others, meant extinction. It was scorned and unappreciated then, as it is today, by individuals with a preponderating primitive atavism which has outlived its usefulness in promoting human progress. Those who have had the opportunity of coming in contact with primitive peoples and who have moved among the so-called highly civilized in America, Europe, Africa, Australia, Malay, India and the South Seas, have had frequent occasion to study the many cruel and low traits of pronounced barbarism that are incarnated in man. It is a fact that such people in a low state of mental development, comprising as they do a part of civilized society, do not, in our experience, appreciate

consideration, but mistake it for fear. In their heart of hearts they despise and lose respect for those who treat them with kindness and even such as have had the advantage of some education and training from the ministers of the Gospel, are only modified on the surface, and relapse when circumstances make them forget the restraint imposed on them (*La Tribunal Medicale,* June, 1912). These hereditary, traditional, barbaric traits of a lowly human nature, characterized by a total lack of consideration, or humanitarian sentiments of kindness, and with resentment toward their benefactors, with a total lack of gratitude, are simply due to an abnormal anatomical (i.e., psychical) relapse to ancestral defects, which, according to Mendel's law, occasionally crop out and are only restrained by a thin veneer of social polish enforced by contact with the truly civilized or cultured. The creature, therefore, who attempts to plunder a doctor by means of a malpractice suit, that is based upon the ancient spoils system, is simply a barbarian or robbeer and the lawyer who aids and abets him, is simply a *particeps criminis* in this nefarious deal, sanctioned by a mediæval judiciary. We have had enough of this predatory parasitism! These "speculative lawsuits" have been too common in our day and it is to be hoped that a more enlightened public conscience will put an end to them.

The quality of being humane is the characteristic attribute of the nobility of the physician's spiritual make-up; it guides him throughout life; it fosters and embelishes his kind feelings, dispositions and sympathies; it establishes a disposition to relieve persons or animals in distress, and to treat all creatures with kindness and tenderness. All honor to the medical profession, which numbers within its rank numerous heroes and martyrs whose deaths, heroic and glorious, in the valient combat with disease, meet with scant praise and slight recognition by the ungrateful multitude!

The physician's greatest foe is the dense ignorance of the masses! From time immemorial the aim of physicians has been the moral, intellectual and physical up-lift of mankind. Among physicians there were many of the world's greatest reformers and benefactors. There is a prevalent popular misconception of the

supposed fabulous income of doctors. Of course, this is a myth! This erroneous belief is responsible for the piratical raids of certain irresponsible, unscrupulous, voracious creatures, whose desires are to enrich themselves by extorting a form of ransom from unsuspecting doctors. Blackmail, malpractice suits, trumped-up charges and other low predatory methods are employed to get hold of the big imaginary money bag of the doctor. Certain vampires, criminal and forensic, are the parasites that prey upon doctors. Various "doctors' defense companies" have sprung up like mushrooms to keep the easily intimidated doctors in constant fear. The ignorant masses imagine that he is surely an "easy mark." Conversely: Who has ever thought of a "Lawyers' Defense Company?" Such a concern would be an anomaly. There are no parasites preying on the legal profession. The medical profession should put an end to these abominations. There are as many superior men in the medical as there are in the legal profession. If there are black sheep in the medical profession, they are also to be found in the legal profession. Human nature is certainly the same the wide world over! To a man of a scholastic education it has always appeared a paradox as to why one profession (the legal) should assume to be endowed with a superior hegemoney, a kind of a tutelage, assuming to exercise a dominating custodianship for physicians, when the latter are morally and intellectually the equal of lawyers and are capable of taking care of themselves. We are no longer taking lessons in a forensic Kinder-Garten. (The writer is not prejudiced toward lawyers as individuals, as some of his best friends are lawyers! He is simply referring to conditions from a generalized standpoint!) Not all doctors are ignorant and morally decdepit.

A narrow-minded attitude of sophistry has cultivated an inquiry against physicians that demands an end to these chicaneries and abominations. What is food for the goose is also food for the gander. Lawyers should be held amenable for their acts just as well as other people. The trouble in this country is that they, as a class, have a complete and exclusive monopoly of the machinery of the courts. We have now a privileged class favoritism in this country. The legal profession exercises a *privileged syndic-*

ocracy—a *rule or domination of lawyers* in this country, which is too much in favor of the legal profession! The following psychological axiom is taken for granted: The most helpful attitude of mind is not usually that of the attorney for the prosecution or that for the defense. The judicial mind is highly controversial. The scientific mind is the better qualified one, as it is not based wholly upon one-sided argument, but that of *impartial exposition*. Let the lawyer look introspectively into his own human nature and let him search for the unknown quantity called perfection. He is *not* likely to find it! The benighted heathens in so-called civilized society who are always seeking the mysterious, the impossible perfection, in physicians, do not know that medicine is but a practical art, pure and simple, *not* an absolute science! In medicine we are constantly dealing with relativities and ever varying factors. Indeed, nothing in this wide world, materially and psychically, is absolute, and the thought of perfection is an ideal that can never be attained. The physician is the best judge of his own affairs and not the lawyer.

In all legal matters pertaining to medicine there should be an appointed commission of representative and able physicians who possess also a forensic and a scientific training. They also have a better opportunity to judge medical ability and medical activity.

Notwithstanding its highly humanitarian nature, the practice of medicine as a life pursuit is considered one of the most unremunerative and ungrateful of callings. The physician is inadequately paid for his services. There are many mechanics who earn more money than some doctors do and are certain of their pay, while the doctors are at the mercy of the "dead-beats."—Just on the border-line of malpractice tactics, a highly nefarious practice (a species of extortion) is perpetrated by certain unscrupulous individuals upon physicians whereby a return of money is demanded for professional services rendered. We as physicians are continually confronted by antagonistic and prejudicial influences that are ever present in the social body.

It is a fact that the general influence of the public upon the medical men as a class is degrading rather than ennobling or activating to great endeavor. To the metaphysician these psycho-

logical phenomena of man are indeed very plain. To the metaphysician it is apparent that there is something wrong in the very nature of man's entire psychological make-up. In fact, this is to be expected, for even from an anatomical standpoint, man is an imperfect being. To begin with, there is a cruel, deep-rooted *méchanceté fonciére*) streak which permeates human nature that makes every metaphysician ponder with an uneasy feeling respecting man's constantly reappearing atavistic traits that lie hidden in his nature. The traditional prejudices that permeate our social body and that have been inimical to physicians, have been ignorantly and misanthropically fostered as an heritage for ages. Human nature is and has been the same throughout ages. Man is not wholly a rational being, as his controlling opinions and religions do not rest on rational considerations alone, however plausible these may appear to the crass multitude. Man, the more we study him psychologically with a critical caution, becomes an ever profound enigma. However, to the philosopher and psychologist there is one positive working formula in life: to exercise caution in the confidence of people and in the supposed superiority of knowledge *de homine!* Many of the psychological phenomena just depicted are easily explained on the supposition that the aims and desires of the so-called public conscience is of a more lowly nature, being much more primitive and simple than those of the individual; a large number of persons agree that in general the common level of the lowest must be adequate to them.

In primitive man the legitimacy of a transaction, as that of an earning, acquired in the pursuit of an undertaking is not accepted where the surrender of a compensation does not become manifest. Gratuitous gain and possession acquired by theft are indistinguishable from the viewpoint of primitive consciousness of right, consequently no dominations in the form of gifts exist among low grades of culture. One perceives here the low status of the public conscience even in civilized society with respect to the appreciation and valuation of professional and gratuitous services. There should be a *limit* and *a careful discrimination* in humanitarianism! Intangible values are incomprehensible to the ordinary or primitive mind. The crass multitude recognizes and appre-

.iates only material values; it, therefore, ignores intellectual values!

In studying the *motif* of many of the malpractice suits, besides the object of mercenary gain, the vindictive or primitive element of human nature plays a considerable role. There is a growing tendency on the part of the lower and pauperized class of patients to sue their physician or surgeon if anything goes wrong. In this they are most willingly abetted by a number of lawyers of a very shady type who invariably uphold the claim even when it is obviously absurd. It is not pleasant for physicians or surgeons to find their names in the daily papers , which are on the look-out for every sensation of this kind. If the present tendency of suing physicians or surgeons for every imaginary trumped-up charge is not checked, it is to be feared that medical men will seek more and more to avoid responsibilities in difficult and serious cases where active interference is not peremptorily called for. We are now living in an era in which physicians are antagonized and persecuted, the judiciary being a willing tool in this as well as in any other dubious forensic transaction. Barely a hundred years ago it persecuted the sorcerers and hung the witches.

We are far behind Europe in medicine, the collateral sciences and jurisprudence. In Germany, France and England all the branches of science—anthropology, medicine, physics, chemistry, psychology, socially, economics, etc., have been assisting the way to progress in the scientific administration of law. It is indeed a fact that our country has started rather late in educational matters. The fundamental, academic education of the physician and lawyer has hitherto been sadly neglected. In this country the student of medicine and the student of law have each evolved from the same raw material. They are largely, if the truth be told, the products of our common public schools and *not* of our colleges. In drawing a distinct line of demarcation in malpractice suits only those should be accepted by the courts that are based upon intentional negligence, carelessness, dense ignorance, gross rashness and inattention on the part of the physician. Cases of malice, criminal intent, direct manslaughter, would hardly be included under the designation of malpractice. By a

very peculiar construction of the law the woman in cases of induced abortion is not "technically" an accomplice in the offence, neither is the man who is responsible for her condition and who also aided her in being relieved from it. The whole onus is adroitly shoved on the doctor who is the real victim and scapegoat. Many cases (not criminal) of so-called malpractice (based upon the spoils system) that now fill the docket of the courts could be thus eliminated.—*Medical Review of Reviews.*

Extracts from Home and Foreign Journals.

SURGICAL

Gallstones: A Plea for Earlier Operation.

Power (*British Journal of Surgery*) says that in 72 cases the patients suffered from cholelithiasis; in the remaining 17 there were inflammations of the gall bladder, due to various causes, but no gallstones. Fifty-eight were females, 32 males. The ages varied from 5 years to 82 years. The symptoms had lasted from a few days to twenty years or more. Fifty-seven patients were jaundiced at some period of the illness. The gall bladder was palpable through the abdominal wall in 28 cases. Except in the fattest people there was a localized tension of the abdominal wall in the right hypochrondrium, even when there was no localized tenderness. Many of the patients had been treated for very long periods, some knowingly for gallstones, others for "indigestion," a few for ague or some other form of intermittent fever. All had suffered from attacks of biliary colic, some, however, only slightly, others so frequently and severely that they were at last driven to surgery for relief, whilst others had suffered from a single attack of such severity that immediate operation was required.

The operation performed in most cases was opening and draining the gall bladder, and allowing it to heal by granulation. In only a few cases was the "ideal" operation performed. Latterly cholecystectomy had been more frequently employed, as the writer believes this diminishes the risk of recurrence of biliary calculi.

The operative results were: 26 simple gallstone operations without a death; 27 slightly complicated gallstone operations with 6 deaths; 20 "seriously complicated" gallstone operations with 11 deaths. Total mortality, 23.3 per cent.

The final results were ascertained in 23 patients who had re-

covered from operations for gallstones. Three had died from causes unconnected with liver or gallbladder; 14 were alive and in good health without any return of symptoms; 4 complained of attacks of pain from time to time, but this was not of a colicky nature, but rather dragging, probably from adhesions. In no case was there any evidence of fresh gallstones having formed. In no case did a permanent fistula result. In 2 cases ventral hernia formed after operation for abscess in the neighborhood of the gall bladder. Even after operation for gallstones the writer enjoins care, e.g., more fluid, more exercise and more careful regulation of the bowels to prevent their reformation, and to cure the chronic cholangitis which is usually present.

He sums up his conclusions thus:

1. The removal of gallstones is not attended by serious risks in uncomplicated cases.

2. The continued presence of gallstones in the gall bladder and bile ducts leads to chronic inflammation of the neighboring tissues and organs.

3. This chronic inflammation is the chief cause of the complications which increase the danger attending operations for the removal of gallstones.

4. Early operations is the best method of avoiding complications.

5. Early operation demands early diagnosis. It is the duty, therefore, of the general practitioner to examine his cases of chronic dyspepsia with greater care, and not wait until attacks of jaundice, biliary colic, or even more acute symptoms make an examination of the gall bladder imperative. The earlier the diagnosis is made the less will be the average mortality of the operation.—*The Charlotte Med. Journal.*

Impermeable Stricture.

J. B. Deaver states that his experience has taught him that the the membranous urethra is the seat of inflammatory stricture, though ordinarily it is the bulbous urethra that is involved in deep stricture. He reviews the methods

of attacking impermeable stricture and condemns the blind perineal section. Incision exposing the urethra anterior to the stricture, which is the method most used, has the disadvantage that we are often unable to pass any instrument through the exposed strictured area and we have to either make a perineal dissection or carefully dissect backward to the dilated portion of the urethra until the stricture is laid open, and it has also the further drawback of misleading false passages. Cock's method is described in its original words, as he says it has been much misunderstood. The fourth method mentioned he calls Young's operation. It is incising the urethra through the tissue of the apex of the prostate after its exposure by the perineal method. Deaver says this has undoubted advantages, being carried out on definite and anatomic lines, and considers it the simplest procedure of all. The fifth method, including a primary or secondary suprapubic incision into the bladder as a preliminary to urethrotomy behind the stricture, is also condemned by him.

There are other methods, but he considers these five as the principal ones. As regards the treatment of the stricture area after it has been exposed, the older teaching was to drain and dilate. The more modern methods of excising the entire area and reuniting the severed urethra over, a catheter or supplying the excised tissue from other parts, Deaver considers too time-consuming to be used in many cases. He sees no reason, however, against removing as much as possible of the dense organized scar tissue: It is a help to nature's reparative powers and he believes there is less tendency to new contracture than with mere incision and drainage. Another point emphasized is that a perineal drain should be left after a perineal operation. It is his plan, after establishing a passage way, having excised all the dense scar tissue and having placed a catheter inside the bladder closed over with what tissue he can find in layers, to always bring the catheter out of the urethra to the point of stricture and fasten it to the anterior angle of the skin incision in the perineum. Whether another catheter is to be placed in the anterior penile urethra and brought out through the same wound is a matter for the judgment of the surgeon. He has had good results both with and without this addition.—*The Medical Brief.*

Operation for Aneurysm with Vascular Transplantation.

Unger sums up his paper briefly, as follows: After extirpation of a large aneurysm of the popliteal artery, the stumps of the femoral and anterior tibial arteries are united by a bridge which represents 15 cm. of the saphenous vein. This case ended successfully. The second case was one of arteriovenous aneurysm of the thigh, which was extirpated. The femoral vein was now sutured and the vena saphena used to fill the defective in the femoral artery. The result is not mentioned, but doubtless was successful. In a third case in which was vascular transplantation was practiced failure occurred, because the transplant was not healthy. The author regards this work as practically indicated in military surgery.—*Medical Record.*

MEDICAL

Fibromatosis of the Stomach.

Thomson and Graham (*Edinburgh Med. Journal.*) criticise other views that have been put forward and give their own conclusions.

The absence of characteristic granulation tissue and of endarteritis and a negative Wassermann reaction put out of court a syphilitic pathogenesis, though of course the possibility of a gumma of the pylorus causing stenosis is admitted.

A specimen showing cancer and tuberculosis was examined and led them to the conclusion that fibromatosis was neither directly tuberculous, nor yet due to the attenuated form of tubercular infection described by Poncet. They are also enabled to affirm most positively that fibromatosis may occur without the presence of cancer. Fibromatosis is an innocent affection of the stomach and is invariably associated with an ulcer.

When fibromatosis is associated with a deep punched-out ulcer, the mucosa over the surrounding fibromatosis may be normal.

This appears to indicate that submucous fibromatosis is not the cause of the overlying ulceration.

The changes in the mucosa are primary and the submucous fibromatosis is secondary. The diffusion of the fibromatosis from the submucosa into the mucosal coat, especially along the lesser curvature, and its sudden arrest at the pyloric ring, suggest that some irritant toxin is being absorbed from the ulcer and in its passage along the lymphatics sets up this marked reaction.

Since ulcer precedes fibromatosis it is fairly common to find cancer as well. Attention is directed to the interesting observation that fibromatosis of the duodenum has not been recorded. The duodenum, as we know, is practically immune to cancer, in spite of the great frequency of ulceration.

In fibromatosis there is often a palpable tumor, and usually no free hydrochloric acid, so the diagnosis of cancer is confidently assumed. Owing to the difficulty of naked eye differentiation from cancer and the total unreliability of "while-you-wait histology," the authors advise resection of the affected parts.—*The Charlotte Medical Journal.*

Hepatic Cirrhosis, Duodenal Alimentation In.

Duodenal alimentation was applied by the author in 6 cases of beginning cirrhosis. In 5, gastric ulcers were present; in 1, pure cirrhosis with dilatation of the heart. In each of the 6 patients the liver became markedly smaller already after two to three days, during duodenal alimentation assuming a size almost normal. In 4 patients the result was lasting. In 1, a few days after the termination of the feeding the liver began to grow larger, while in another, with pure cirrhosis and dilated heart, the liver quickly assumed its original large proportions. The influence of duodenal feeding in this case was very marked, but not lasting. The author's experience so far leads him to conclude that duodenal alimentation contributes greatly toward diminution of the functional work of the liver. This rest treatment is of benefit whenever the organ is considerably impaired.—Max Einhorn in *Medical Record.*

The Newer Theories in the Dietic Treatment of Diabetes Mellitus.

Tanz (*Med. Klinik.*, 1913) emphasizes the necessity of determining the point of tolerance for protein as well as for carbohydrates in each individual case of diabetes. In diabetes associated with nephritis, the diet should be regulated for nephritis as well as for diabetes, and especially with regard to the tolerance of sodium chloride. The good results obtained from oatmeal and vegetable days is probably due to their increased alkali content and the consequent neutralization of acidosis. Tansz says that Abderhalden's researches have proved that albumin, fat and carbohydrates develop protective ferments. Animal experiments have shown that it is possible for the body to produce ferments that aid in the splitting of the polysaccharids. In diabetes the metabolism is distributed by an overaccumulation of carbohydrates, and if it were possible to increase the amount of the activity of soluble ferments the carbohydrates might be oxidized to a greater extent. Tansz says that experiments are being conducted with this idea in view.—*New Orleans Med. and Surg. Journal.*

The Treatment of Diabetes with Rectal Injections of Sugar Solutions.

Luthje (*Therapie der Gegenwart*, 1913, liv, 193) reports good results from the administration of glucose solution to diabetics by rectal injection by the drop method. He says that the sugar is much better absorbed and utilized by diabetes when given in this way than when given by mouth. He has had especially good results in the treatment of acidosis by this plan. By the drop method most persons can absorb from the rectum from one to two liters of fluid a day. He uses a 5.4 per cent glucose solution, and hence the amount of sugar absorbed would be from 50 to 100 grams a day.—*New Orleans Med. and Surg. Journal.*

Treatment of Tenia by Thymol.

Artault (*Bull. de therap.*, Feb. 23, 1913), in all cases of tenia, gives crystallized thymol, 25 cg., in cachets daily, fasting. Generally the tenia is expelled on the third or fourth day, but it is advisable to continue the treatment for a week to insure the complete expulsion of the parasite. The process is simple, the tolerance is perfect, and the ill effects are *nil*. The author has treated twenty-three cases with perfect results, and recommends the treatment as the method of choice. The only precaution to be observed is that the patient shall abstain from alcohol while taking the treatment.—*British Medical Journal*, June 7, 1913.

Radium in the Treatment of Cancer.

A excellent article on radium appears in the December number of the American Review of Reviews, consisting of an interview with Dr. Howard Kelly, who is the president of the newly established National Radium Institute. Dr. Kelly recapitulates as follows:

1. Radium is not a specific cure for cancer. It does not take the place of surgery; it is another help to it. Cancer patients, in the early stages, as before, must submit to operation.

2. It is most useful in cancers on the outside of the body. In many of these cases it effects cures without pain and without deformity.

3. It is especially useful in connection with surgery, when it can be used to destroy vestiges of the tumor which the knife may have left behind. It can also be used to good purpose in irradiating the cancerous area preceding operation.

4. There are certain structures which can not be operated on—excised or seriously invaded—without disastrous consequences. Radium has cured inoperable cases of this kind. It is like a microscope knife which goes after the individual cell.

5. It is especially valuable in cancer of the uterus. Permanent cures even of inoperable cases have apparently been obtained.

6. It is effective only when there is no wide dissemination of the disease.

What makes radium particularly useful is the simplicity of the technique. It does not necessitate the use of an anesthetic, and its administration causes no pain and almost no discomfort. The radium salt is kept inclosed in a fine platinum tube about an inch long. This tube is again encased with lead, which is used because it acts as a filter, keeping in the alpha and beta rays—which are more destructive to normal tissue—while letting the gamma rays slip through. The tube, further screened with some soft substance, is then laid in immediate proximity to the diseased part; if necessary, it can be attached by surgical plaster; in some cases incisions into the diseased part may be made as recommended by Dr. Abbe. Its action upon the cancerous tissue begins at once; the application lasts from 4 to 24 hours. Sometimes in a month or six weeks the growth vanishes. The radium so used can be used over and over again. Most readers are now familiar with the much-heralded "miracle of radium"—the mysterious substance that apparently defies all the known laws of the material universe, in that it keeps giving off matter without diminishing its own bulk. Every little particle of radium has been giving off its rays for thousands of years, and will continue to be active for two thousand years longer, when it will have just half its present weight and just the same capacity for throwing out its rays that it has now, only lessened amount, so that a little bit of radium now in use may be inherited by generation after generation of enterprising surgeons.—*The Medical Herald.*

OBSTETRICAL

Gynecological Hints.

Ralph Waldo, in the *International Journal of Surgery*, offers the following practical hints:

In the past, hemorrhage or pressure symptoms have generally been the reason for removing uterine fibroids. In a few rare in-

stances gangrene of the tumors has necessitated their removal. More recent microscopical examinations of large fibroids have proved that about 5 per cent have undergone sarcomatous degeneration or carcinoma has developed in or about them. This is an additional reason for their extirpation.

It is seldom good practice to remove abdominal tumors by the vaginal route; on the other hand, where the vagina is large and the perineum relaxed, pelvic tumors can frequently be attacked from below. This is especially true when the uterus and growth are freely movable. Usually the anterior vaginal incision gives the most room. Tumors of the tubes and ovaries can easily be extirpated without removing the uterus. When possible, this route should be selected, for the mortality is lower and convalescence is much easier. Unless pus is found, it is seldom necessary to drain after opening the abdomen through the vagina.

Cardiac murmurs, unless accompanied by dilatation of the heart, are not a contraindication to anesthesia with ether for the performance of gynecological operations. In fact, most large uterine fibroids are associated with heart murmurs which usually disappear after removal of the growths. These murmurs are rarely present when the tumors are small; but develop late and seem in certain instances to coexist with more or less degeneration of the fibroids.

There are instances in which after a woman with a uterine fibroid has passed the menopause, the tumor markedly diminishes in size, and several years later malignant disease develops in the uterus. A degenerating tumor is always a menace.—*The Med. Brief.*

Treatment of Eclampsia by Morphine and Its Adjuvants.

Rouvier (*Arch. mens. d'obst. et de gyn.*) says that since we have not yet succeeded in getting an efficient remedy for the disease we must at least lessen the crises as soon as possible, and assist in the prompt elimination of the causative toxins. The author has treated twenty cases, of which two were without crises. An impartial analysis of these cases shows that the result of this treatment is more rapid and efficacious the earlier in the case the mor-

phine is administered. In gravid, parturient, or puerperal patients who have had eclampsia crises or are liable to these attacks, we should give three injections of morphine, separated by an hour's interval, followed by three others separated by two-hour intervals. In addition there should be instituted a water diet, and later still by full milk. Lavage of stomach and intestine are also to be employed. This treatment is of value in all cases which are threatened with eclampsia. If possible it should be given before the first attack as a preventive measure. As soon as an attack has occurred morphine should be begun. Small or medium doses should not be given, since time is wasted and good results are not rapidly obtained. Kidney disease is not a contraindication for morphine, as it assists the kidneys. Unconsciousness is also not a contraindication, as some authors believe.—*The Charlotte Medical Journal.*

The Internal Secretions and the Female Characteristics.

W. Blair Bell asks: What is it that makes a woman a woman? In answering this question he states that although the potentiality to produce femininity exists in the earliest stages of segmentation of the ovum, this potentiality is directed towards the future development and correlations of the endocrinous glands which are to control the sexual evolution of the individual. The ovaries alone are not responsible for the female characteristics. It has been shown that the suprarenal cortex is largely responsible for the secondary sexual characteristics. Although the genitalia may be normal morphologically at birth (primary development), they become functionally active only at puberty (secondary development) if the whole endocrinous system is in perfect harmony and acting efficiently. Thus, thyroid or pituitary insufficiency may cause the genital organs to remain infantile; and disease of these structures may cause retrogression in the genitalia even after they have functionated normally. Removal of the thyroid alone produces an intense degree of atrophy in the uterus. The ovaries,

however, do not retrogress; on the contrary, there appears to be increased activity, especially in the follicles. While suprarenal hypernephromata in male children are practically always associated with precocity of the sexual organs and secondary characteristics, in female children with suprarenal hypernephromata the sexual organs are not procociously developed, for the tendency is rather to produce in them the characteristics of the male—a deep voice, enlargement of the clitoris, hirsuties, and so on. An excessive ovarian secretion leads to an increase in sexual activity both locally and generally.

The local effects may be seen in an increased and prolonged menstruation. An excessive ovarian secretion affects the metabolism in the opposite way to oöphorectomy, and one of the most important metabolic disturbances is the abnormally large excretion of calcium salts. A few years ago Bossi of Genoa suggested the injection of suprarenal extract as an alternative to oöphorectomy. Apparently many cures have been effected by this treatment, and also by the injection of pituitary extract. Thyroid insufficiency always causes a decrease in or the complete cessation of the function of menstruation, according to the degree of insufficiency. Insufficiency of pituitary secretion is associated with amenorrhea or scanty menstruation. Various investigators claim for different portions of the pituitary body different functions, but the author believes in the unity of the whole gland. Patients with pituiary insufficiency are always obese and dull. An excess of pituitary secretion, such as occurs in acromegaly, produces masculinity, and while in the male this may give rise to excessive sexuality, in the female it causes amenorrhea and loss of desire, as is only natural if masculinity be produced.—*Medical Record.*

Editorial

PUBLISHER'S NOTICE—The Journal is published in monthly numbers of 48 pages at $1.00 a year, to be always paid in advance.

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All communications for the Journal, books for review, exchanges, etc., should be addressed to the Editor.

THE LAY PRESS AND MEDICAL SUBJECTS.

Members of the medical profession, especially those of national reputation, can not be too careful in giving their opinions in regard to operations and methods of treatment which have not stood the test of time. In the first place, human judgment is too subject to error, in the second place, interviews are too easily distorted in order to make interesting reading matter. Our attention is called to this matter by the recent newspaper notoriety of the radium cure of cancer and in retrospect the treatment of tuberculosis, and the salvarsan treatment of syphilis. Untold harm has already been done and more is yet to come so long as men of national reputation give hasty opinions about treatments the efficacy of which time and experience alone can prove.

We read a great deal in the medical journals and lay press about salvarsan in one dose curing syphilis. At present few physicians believe that one dose of salvarsan will cure syphilis, on the other hand, most of the profession believe in giving several injections of salvarsan combined with the old mercury treatment; and in the later stages, mercury and potassium iodide. Yet the lay press has not had much to say on this subject, consequently there are many who, having had the injection of salvarsan with temporary disappearance of the manifestations of syphilis, believing themselves cured, have married or will marry innocent sicians believe that one dose of salvarsan will cure syphilis; on women who will suffer. Those that do not marry, as well as those that marry, are likely subjects for the later parasyphilitic affection of the nervous system.

Much of this suffering could have been prevented. Professor Ehrlich, so far as we know, certainly did his part toward checking the enthusiasm. We hardly think so much harm was done by the Friedmann treatment, because the profession, having only recently seen the failure of salvarsan to cure syphilis, a chronic constitutional disease, was more critical in regard to one or two doses of any preparation curing any chronic constitutional affection.

The radium cure for cancer is the latest lay subject and many now herald radium as the conqueror of that scourge of civilization —cancer—the ravages of which are annually increasing in every country, the etiology of which is apparently but little nearer solution than it was many, many years ago.

That radium will cure certain forms of cancer we do not doubt, in fact we know that locally applied it will cure certain cancers *locally*—three years without a recurrence being counted a cure—but that is as strong a statement as we care to make. If it cures these forms of cancer as well as the surgeon's knife it will be a boone to mankind, but so far science has not taught us any means of recognizing when the cancerous taint is removed and therefore it is wrong to say that anything cures cancer unless for the purpose of comparing cures, gathering statistics, etc., we set an arbitrary time limit just as has already been done.

We know comparatively little of the cancerous diathesis, the time of metastasis, and consequently it is wrong to delude the public by allowing any articles to creep into the lay press which may raise false hopes in that multitude of sufferers—the cancer army—which we all help to the best of our ability, pity from the depths of the soul and yet can not prevent from being drawn into that maelstrom of terrible suffering, the cancer death.

An Interesting Exhibit in Medicine and Surgery at the Panama-Pacific International Exposition.

One fact alone would make the exhibit in medicine and surgery at the Panama-Pacific International Exposition the most important of any similar display at any preceding exposition, for when

the world somes to San Francisco in 1915 to celebrate the completion of the Panama Canal, it will be divided in admiration of the two men who perhaps above all others are responsible, under the United States Government, for the successful termination of the gigantic work. And these two men are representatives of highest honor from the science of engineering and the science of medicine: Dr. William C. Gorgas, Colonel in the United States Army Medical Corps, is the physician who undertook to preserve the lives of the canal builders in a land of malignant disease, while the toilers were operating under the guiding genius of the great Colonel George W. Goethals of the Corps of Engineers, United States Army.

Representatives of the science of medicine and surgery from every land under the sun will be present during the exposition, to pay tribute to the doctor and incidentally to study the processes whereby the ravages of a disease ridden zone were stayed and the camp of the canal builders became the abode of health.

The element that alone would lend a distinctive character to the exhibit, is the featured presentation of the methods whereby the deadly mosquito was fought in his native haunts of morass and jungle; the application of especially devised sanitary processes by which Dr. Gorgas and his men were victors in their struggle with deadly fevers, enervating malaria and others of the swarm of maladies that wait for men who penetrate those miasmic lands "where even the birds forget how to sing." A complete demonstration of these methods, as well as the equipment that, under mans uses, achieved success, will be installed for the advantage of the world by the United States Government. It will excite the interest not alone of the medical fraternity, but of all such nations as are interested in the colonization of the topics.

The Emergency Hospital, another interesting feature of the exhibit in the department of medicine and surgery, scheduled in the exposition catalogue as "Group No. 35,,' will be a model emergency hospital, provided with its equipment entirely by exhibitors.

The law of averages works at expositions as elsewhere, and there will not be, even in 1915, in San Francisco, a suspension of the laws of gravitation, nor an annulment of the re-activities of

cause and effect. Where a million people meet, there will be, in spite of all precautions to the contrary, cases of sickness, and the foolhardy will be subject to the usual percentage of disaster. Hence the necessity for an Emergency Hospital.

This Emergency Hospital will be a model equipped by the leading manufacturers of the country, with the best instruments and appliances and stocked with every drug that physicians know.

Dr. R. N. Woodward, at present in charge of the United States Marine Hospital, situated near the Golden Gate, has been appointed by the Treasury Department to assume control of the Emergency Hospital at the exposition and he has taken great pride in assembling all of the elements, materials and equipment necessary for a model institution. How well he has succeeded, and is still succeeding, with the choice of the whole world's supply at his disposal, will be seen by the interested when the exposition is opened.

Although the entire equipment is not yet provided and while changes in what has already been selected may be made if, later, proffered equipment is preferred. Dr. Woodard is sure that the Emergency Hospital at the exposition will be as near perfection as human endeavor, working in this most enlightened age, can make it.

The superb examples of the skill of the manufacturers of auto-ambulances will be installed, an X-ray ward of the hospital; sterilizing apparatus; wound dressing appliances will be donated, and one manufacturer is providing even the spreads, with the seal of the exposition woven in the center, for the twenty beds that will be placed in the men's, women's, and isolated wards. Tables for minor and capital operations, the innumerable electric surgical appliances that human ingenuity has created, a library of medical books, a high power microscope with photographic apparatus and dark room for the development of negatives; and, finally, a cradle for the possible future president or countess who may insist, perhaps prematurely, on visiting the exposition.

It is not contemplated by the exposition's directorate that patients will be kept at the hospital over night, for it is to conform strictly to its classification as a hospital for emergency cases. If,

however, the patient's health were to be jeopardized by removal to his home or to another hospital, he will not be removed.

The installation of the Emergency hospital with the variety of the equipment thereof—from beds and stoves and other non-medical material to drugs, other and operating tables and other essentially surgical or medical material—might cause a confusion in exhibits were the scheme worked out with less careful consideration of all the exhibitors. Whereever the display normally would fall, whether in the department of Liberal Arts or Manufactures and Varied Industries, there the exhibit will be actually considered. Surgical instruments in use in the Emergency Hospital will be regarded as in the Department of Medicine and Surgery in the Palace of Liberal Arts and will there be subjected to competitive examination with the other exhibits, although manufacturers, judging by the applications for privileges of hospital employment of products, are not unaware of the greater advantage accruing to their exhibit when shown under working conditions. In any event, the jury of awards will be careful to consider that advantage and will not let it prejudice the display under glass cases in the Palace of Liberal Arts.

In the meanwhile the student of municipal affairs, the expert in town policing, as well as the doctor, the surgeon and the nurse, will be vastly interested and enlightened by the model Emergency Hospital at the exposition, where any case will be cared for, from that provided by a female exercising her inalienable right to faint, or that of a child after his first lesson in the immutability of gravity's law, to that of an impulsive infant whose ambition to occupy the pretty cradle will reflect more credit on his taste than his decorum.

Reviews and Book Notices

"Genito-Urinary Diseases and Syphilis"—By Edgar G. Ballenger, M.D., Adjunct Clinical Professor of Genito-Urinary Diseases, Atlanta Medical College; Editor Journal-Record of Medicine; Urologist to Wesley Memorial Hospital; Genito-Urinary Surgeon to Davis-Fisher Sanatorium; Urologist to Hospital for Nervous Diseases, etc., Atlanta, Ga., assisted by Omar F. Elder, M.D. The Wassermann Reaction, by Edgar Paullin, M.D., Second Edition Revised; 527 pages with 109 illustrations and 5 colored plates. Price $5.00 net. E. W. Allen & Co., Atlanta, Ga.

The appearance of this work in its second edition should be welcomed by the profession. We observe that the work is considerably enlarged and that it has undergone a thorough revision. The remaking of the book was demanded by the recent advances in the knowledge of genito-urinary diseases and syphilis in the last few years. Among these advancees may be noted the more satisfactory method of treating gonorrhea. The author speaks confidently of the method of sealing up within the urethra of argyrol and claims a cure in five or six days if the treatment is applied in the incipiency of the disease, vaccine therapy, pyelography, the Wassermann reaction and luetin test; the cultivation of the spirochæta pallida; the inoculation of animals with syphilis and the discovery of salvarsan and neosalvarsan are all treated of in the most instructive and interesting manner. It is a textbook fully up with the times and should receive a universal patronage.

"The Surgical Clinics of John B. Murphy, M.D."—At Mercy Hospital, Chicago. Vol. II, No. 6 (December). Octavo of 186 pages, illustrated. Philadelphia and London: W. B. Saunders Co., 1913. Published Bi-Monthly. Price per year, Paper, $8.00; Cloth, $12.00. W. B. Saunders Co., Philadelphia, London.

Our thanks are due the accommodating publishers for the December number of this always welcome quarterly publication. This number is especially replete with good things illustrating advances

and improvements in up-to-date surgery as practiced by this master surgeon. The first paper of the series is of itself worth the price of the entire volume. It is entitled "Tuberculosis of the Lung; Production of Artificial Pneumothorax by Injection of Nitrogen According to Dr. Murphy's Method." We have seen in our practice the wonderful results of artificially produced pneumothorax in tubercular lung disease and feel sure that as a method of treatment of this terrible disease it will in many instances be of great value. The other lectures of this number are valuable and instructive and serves to illustrate advanced surgery, especially in the management of diseases of bone. We urge upon everyone interested in surgery to subscribe for this excellent work.

"E. Merck's Annual Report of Recent Advances in Pharmaceutical Chemistry and Therapeutics. 1912. Vol. XXVI. E. Merck, Chemical Works, Darmstadt, 1913.

No physician who desires to keep in the van of therapeutical progress can afford to be without this thorough and carefully prepared report. The most recent advances and improvements in chemical preparations and the application of drugs in the treatment of disease are succinctly and clearly given. As a work of reference the manual should prove of incalculable benefit to progressive physicians.

"Progressive Medicine"—A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor Therapeutics and Materia Medica, Jefferson Medical College. Assisted by Leighton F. Appleman, M.D., Instructor in Therapeutics, Jefferson Medical College, Vol. XV, No. 3, December 1, 1913. 411 pages. Illustrated. Lea & Febiger, Philadelphia and New York. 8 vo. Paper. Subscription price, $6.00 per annum.

We acknowledge with thanks the receipt of the December number of this quarterly. Under the able management of the distinguished editors the volume contains the fruit of the advanced work of the profession in every department of medicine and surgery. The contributors to this volume are all well known writers,

whose names stand for the excellent character of the work presented. This volume treats of the following: "Diseases of the Digestive Tract and Allied Organs, the Liver, Pancreas and Peritoneum—Diseases of the Kidneys—Genito-Urinary Diseases—Surgery of the Extremities, Shock, Anesthesia, Infections, Fractures and Dislocations and Tumors—Practical Therapeutic Refrendum." The practitioner can, by the use of this quarterly, see almost at a glance the advances and improvements in practical medicine and surgery.

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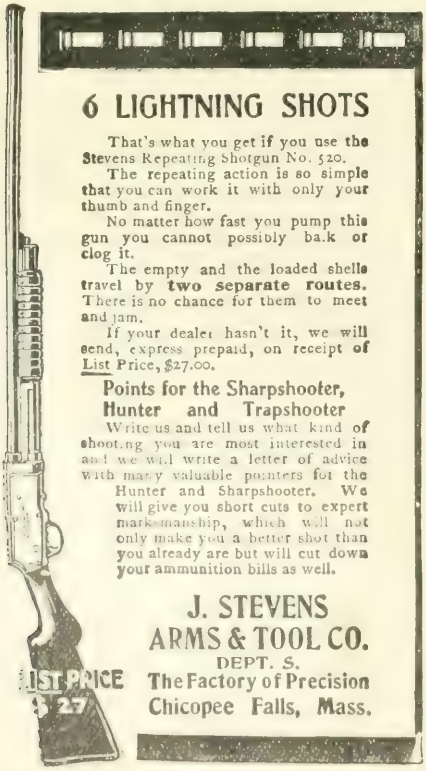

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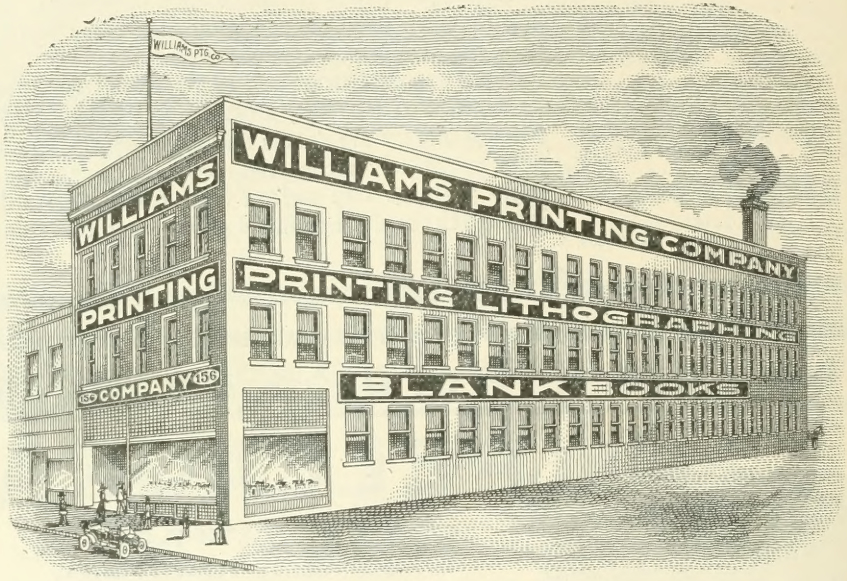

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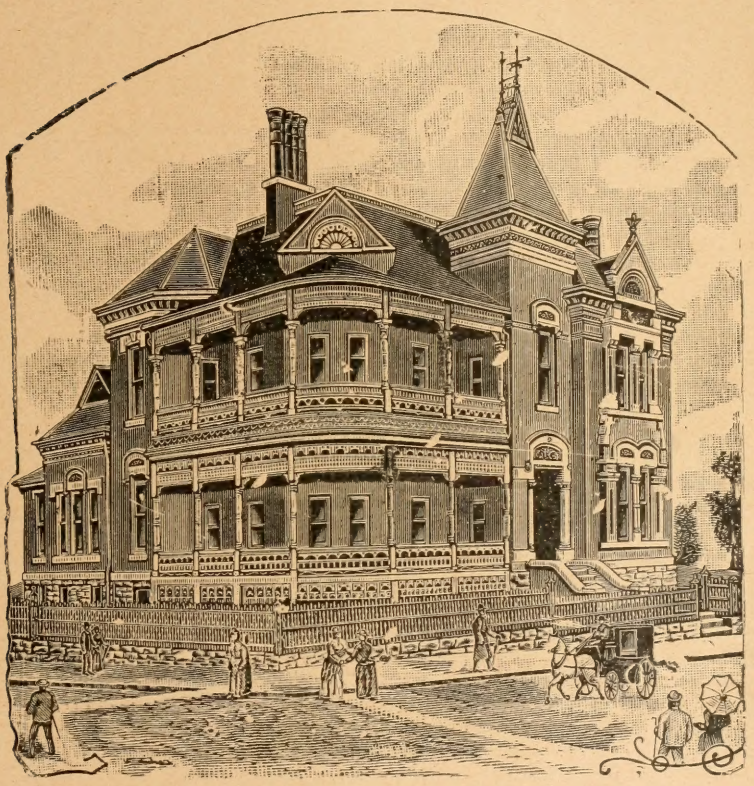
The Briggs Infirmary

FOR THE TREATMENT OF SURGICAL DISEASES



THIS INSTITUTION is located in the central part of the city, easily accessible by several lines of electric cars. Separate buildings for male and female patients, rooms well ventilated handsomely furnished and supplied with all the conveniences of modern hospital establishments. Excellent cuisine and competent trained nurses. The operating rooms are equipped with all the requisites of modern operative surgery. Rates of board reasonable. Twenty-Second season opened September 10, 1913. For further information address—

CHARLES S. BRIGGS, A. M., M. D.,

Or SAMUEL S. BRIGGS, M. D.,

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